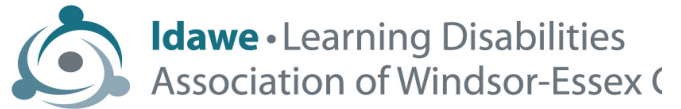


**LEARNING DISABILITIES ASSOCIATION OF ONTARIO
MEMBERSHIP APPLICATION FORM**



Mr. Ms. Mrs. Dr.

Name: _____

Address: _____

City: _____ Postal Code: _____

Home Phone: _____ Business Phone: _____

Chapter Affiliation: Learning Disabilities Association of Windsor - Essex County

Renewal Membership # _____ New Membership # _____

Please check this box if you agreed to receive your copies of Communique by email in the future

Email address: _____
(Please print clearly)

I am interested in receiving information electronically on how I can help support LDAO programs and services

Type of Membership Requested (please check one)

One Year

Family/Individual	<input type="checkbox"/>	\$50.00
Professional	<input type="checkbox"/>	\$75.00
Institutional	<input type="checkbox"/>	\$125.00
Student * (please provide your post secondary student ID#)	<input type="checkbox"/>	\$20.00 _____

Type of Payment:

Cheque Money Order Cash (only if paying in person)

Visa Card Number: _____ Expiry Date: _____

Signature of Card Holder: _____

I would like to volunteer: At the local level At the provincial level

Benefits of Membership for all members:

- member fee to all LDAO and chapter service programmes
- 2 Communique (electronic version or by regular mail)
- 4 LDAWE chapter newsletters
- use of provincial lending library/literature & video lists

For Professional and Institutional Members only

- 5 copies of the Communique for professional members and 10 copies for Institutional members

(Note: If you have agreed to receive electronic copies of Communique, please be advised that print copies will be mailed only by request)

Please make all payments payable to LDAWE and forward to:

Learning Disabilities Association of Windsor - Essex County
647 Ouellette Avenue, Suite 101, Windsor, ON N9A 4J4
Phone: 519-252-7889 • Fax: 519-252-4169 • Website: www.ldawe.ca